

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.				1 ACCOUNT # (Ethics Commission filers) 00000001		2 PAGE # 1 of 5	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI Mr. Robert				OFFICE USE ONLY <hr/> Date Received RECEIVED MAY 01 2009 City Secretary's Office	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		NICKNAME LAST SUFFIX Bob Allen					
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10601 Big Horn Trail Frisco, TX 75035							
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mr. Robert				Date Hand-delivered or Date Postmarked <div style="font-size: 1.5em; margin-top: 10px;"> <i>EB 10:38am</i> </div>	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		NICKNAME LAST SUFFIX Bob King				Receipt # Amount	
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8370 Fair Oaks Frisco, TX 75034		AREA CODE PHONE NUMBER EXTENSION (972) 712-2391		Date Processed		Date Imaged	
7 CAMPAIGN TREASURER PHONE		REPORT TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Final report (Attach C/OH - FR) </div> </div>					
8 REPORT TYPE		PERIOD COVERED Month Day Year Month Day Year 04/09/2009 THROUGH 05/01/2009					
9 PERIOD COVERED		ELECTION DATE Month Day Year 05/09/2009		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
10 ELECTION		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Frisco City Council - Place 1 District 1			
11 OFFICE		NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS . . . Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. . . Name _____ Address/PO Box; Apt. / Suite #; City; State; Zip Code _____					
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		<input type="checkbox"/> additional pages					

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME** Allen, Robert (Mr.)**15 ACCOUNT #** (Ethics Commission filers)
00000001**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC**

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**17 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,301.50

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

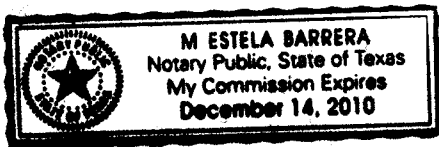
\$ 732.19

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 2,435.49

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bob Allen

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Allen, this the 01st day of May, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 3/5

2 FILER NAME Allen, Robert (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

04/25/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Bickel, John (Mr.)

6 Contributor address; City; State; Zip Code
15716 Custer Trail
Frisco, TX 75035

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/11/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Graham, Rick (Mr.)

Contributor address; City; State; Zip Code
10551 Big Horn Trail
Frisco, TX 75035

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kendall, C.W. (Mr.)

Contributor address; City; State; Zip Code
701 N. Central Expwy
Suite 3-300
Richardson, TX 75080

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rogers, Deanne (Mrs.)

Contributor address; City; State; Zip Code
10051 Barton Circle
Frisco, TX 75035

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ryan, Donna (Ms.)

Contributor address; City; State; Zip Code
11706 Alexandria Dr.
Frisco, TX 75035

Amount of
contribution (\$)

\$101.50

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 4/5

2 FILER NAME Allen, Robert (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

04/13/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Shuyler, Jean (Mrs.)**6** Contributor address; City; State; Zip Code
10420 Big Horn Trail
Frisco, TX 75035**7** Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

04/16/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sowell, Will (Mr.)Contributor address; City; State; Zip Code
6101 Wilmington Dr.
Frisco, TX 75035Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2009

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Association of Realtors PACContributor address; City; State; Zip Code
6821 Coit Road
Plano, TX 75024Amount of
contribution (\$)

\$750.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 5/5**2** FILER NAME Allen, Robert (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

04/24/2009

5 Payee name

Adventures in Printing

7 Amount
(\$)

\$178.50

6 Payee address; City; State; Zip Code450 Business Park Drive
Suite 104
Prosper, TX 75078**8** Purpose of payment (See instructions regarding type of information required.)

Campaign Team Tee-Shirts

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

04/15/2009

Payee name
First Graphic Services, IncAmount
(\$)

\$550.45

Payee address; City; State; Zip Code

229 Garvon Street
Garland, TX 75040

Purpose of payment (See instructions regarding type of information required.)

Yard Signs

(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

Date

04/16/2009

Payee name
PayPalAmount
(\$)

\$3.24

Payee address; City; State; Zip Code

2211 North First Street
San Jose, CA 95131

Purpose of payment (See instructions regarding type of information required.)

PayPal Processing Fee

(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held: